

Strengthening Public Health Policy and Practice

Horizontal Collaboration on the Establishment
of a National Task Force

*Report of an Inter-country Meeting, Bangkok, Thailand
1-3 November 2006*



**World Health
Organization**

Country Office for Thailand

COMMUNITY HEALTH CELL

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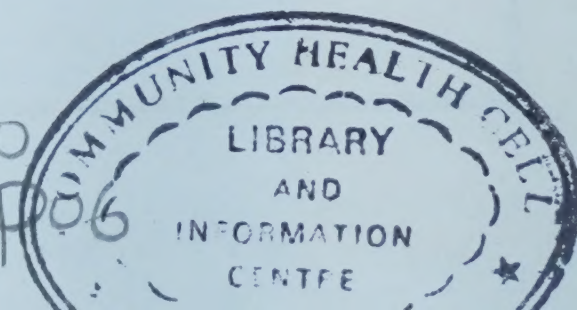
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November 2006

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Executive Summary

The Calcutta Declaration (1999) set a landmark in revitalizing public health (PH) in South-East Asian countries. It recognized the need for expertise in public health and capacity building as the essential requirement for public health development. All countries in SEAR are committed to the goals and targets set in the strategy document, "Health for All in the 21st Century," that was endorsed by the World Health Assembly (1998), and is in the UN Millennium Development Agenda. In 2004, the WHO Regional Office for South-East Asia (WHO-SEARO) embarked the South East Asia Public Health Initiative (PHI): 2004 – 2008. One of the key focuses is public health education. Alongside strengthening public health education, this initiative aims to bring about the long-term strengthening of overall public health infrastructure, services, and management within the broader context of health system development.

Several meetings and workshops were organized in order to put PHI into practice. In order to gain high political commitment in public health education, the "Strengthening Public Health Infrastructure, with Emphasis on Education and Practice" was included as an important agenda of the 23rd Meeting of the Ministers of Health of SEAR countries, September 2005. One important recommendation of the meeting was "A National Public Health Task Force should be set up to oversee the developments on "public good" functions.

In response to this recommendation, a meeting, initiated by the WHO Country Office and hosted by The Ministry of Public Health, Thailand was held during 1-3 November 2006, in Bangkok Thailand. Twenty-five participants from nine countries of SEAR (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, and Thailand). The participants, from each country, represented both academic and government sectors.

The general objective was to follow up the recommendation of the 23rd Meeting of the Ministers of Health on the establishment of a National Task Force for strengthening public health. The expected outcomes of the meeting were: 1) commitments of member countries to establish or strengthen the National Public Health Task Force, 2) generic ToRs for the National Task Force; and 3) guidelines for the development of a monitoring mechanism for public health development in each country.

Through a process of technical presentations and group deliberations on the challenges and possible responses, the group determined that the "task force" should be renamed to reflect its high priority, long-term nature. The group also felt that the situations in individual countries would need to be taken into account, for example, whether there is an existing entity that could be strengthened, or whether the establishment of a new one would be required. A main conclusion was that this entity should be located at the highest national level, reflecting the goal of making public health development a key national priority. Further recommendations were made for the nature and membership, functions and terms of reference. Particular attention was devoted to the issue of accountability, and the group explored possible indicators.

1. Background

The Calcutta Declaration (1999) set a landmark in revitalizing public health (PH) in South-East Asian countries. It recognized the need for expertise in public health and capacity building as the essential requirement for public health development. All countries in SEAR are committed to the goals and targets set in the strategy document, "Health for All in the 21st Century," that was endorsed by the World Health Assembly (1998), and is in the UN Millennium Development Agenda. In 2004, the WHO Regional Office for South-East Asia (WHO-SEARO) embarked the South East Asia Public Health Initiative (PHI): 2004 – 2008. The overarching goal of this initiative is to have strengthened public health capacity in member states that can provide strategic directions for planning, implementation, and management of an efficient and effective public health service. One of the key focuses is public health education. Alongside strengthening public health education, this initiative aims to bring about the long-term strengthening of overall public health infrastructure, services, and management within the broader context of health system development.

Several meetings and workshops were organized in order to put PHI into practice. In order to gain high political commitment in public health education, the "Strengthening Public Health Infrastructure, with Emphasis on Education and Practice" was included as an important agenda of the 23rd Meeting of the Ministers of Health of SEAR countries, September 2005. One important recommendation of the meeting was "A National Public Health Task Force should be set up to oversee the developments on "public good" functions."

In several member countries, there has been progress in strengthening public health education institutes and their faculties. It is important to look for the establishment of sustainable infrastructure to support public health education, in all member countries. One important mechanism is to support member countries to identify or establish a central body to plan, execute, and monitor the national public health policy, particularly on public health education. It was proposed to hold an inter-country meeting (consultation) of representatives of national public health experts of interested member countries to discuss about establishment of National Public Health Task Force and its terms of reference.

Considering the good progress and advancement in public health, as compared to other member countries, Thailand was prepared to act as a coordinator and as a host for this meeting. The Thailand country budget was used for supporting cost for organizing the meeting as well as cost of participation from interested member countries.

1.1 General objective

To follow up the recommendation of the 23rd Meeting of the Minister of Health on the establishment of a National Task Force for strengthening public health.

1.2 Specific objectives

- (1) To share experience and review the progress of public health development in member countries;
- (2) To develop a generic Terms of Reference for the National Public Health Task Force; and
- (3) To propose mechanisms for monitoring progress of public health development in member countries.

1.3 Expected outcomes

- (1) Commitments of member countries to establish or strengthen the National Public Health Task Force;
- (2) Generic ToRs for the National Task Force;
- (3) Guidelines for the development of a monitoring mechanism for public health development in each country.

2. Inaugural session

2.1 Welcome address by Dr P.T. Jayawickramarajah, WHO Representative to Thailand

The WHO Representative to Thailand, Dr. P. T. Jayawickramarajah, welcomed the participants and resource persons to the meeting with a review of the meetings that had progressively led to this particular meeting. Starting with the Calcutta Declaration (1999) that recognized the importance of public health as a discipline and profession, and the leadership role of public health professionals. The Declaration also called for the creation of a career structure for PH professionals as well as the necessary education, training, and research.

He described the current Regional Director's initiatives as including high-level advocacy, strengthening PH education, technical cooperation with new schools of public health, strengthen PH networking, and defining EPHF in national context. He stated that we have yet to achieve one of the expected products of Calcutta Declaration, "Strengthening National Public Health Policy and Practice. He focused the meeting participants on the challenge to: take forward possible implementation – the establishment of PH Task Force in National contexts.

In conclusion, Dr. Jayawickramarajah outlined the goals of the meeting, given an understanding of the challenges being faced: to analyze the problem, generate potential solutions, select and plan the solutions, establish a monitoring program of national public health policies and practices, and develop indicators for that monitoring program. And finally, asked: What can WHO do to facilitate the process at country level?

2.2 Opening Remarks by Dr Myint Htwe, Director Programme Management, WHO-SEARO

Dr. Myint Htwe, Director Programme Management, WHO-SEARO, first conveyed the greetings of the WHO-SEARO Regional Director, Dr. Samlee Plianbangchang, who was not able to attend due to prior commitments. Dr. Myint Htwe noted that the need for strengthening public health activities in the Region has always been recognized and that all have been working hard to improve the situation. He emphasized the need, in whatever national context, the common need for collective work among organizations, agencies, and departments. The WHO Regional Office for South-East Asia launched the SEA Public Health Initiative 2004-2008 to serve that commitment to collaboration. This initiative aims to position public health high on the regional and national agendas and to make it a priority issue to generate some commitment from national policy makers. Dr. Myint Htwe emphasized the importance of the essential Public health Functions tailored to individual countries, as well as the strengthening of public health educational institutions, through networking and regular interactions. He reiterated that public health is a fast and demanding area and to effect pragmatic changes in public health in a limited timeframe is a great challenge for all of us. He concluded by, again, emphasizing the importance of collaboration.

2.3 Inaugural address by Dr Mongkol Na Songkhla, Minister of Public Health, Thailand

The Honorable Minister of Public Health, Dr. Mongkol Na Songkhla, gave an inaugural address that highlighted the challenges presented by various health threats, and the need for support for health professionals to cope with these challenges. He expressed his appreciation that WHO-SEARO had launched the Public health Initiative that would be instrumental for the planning and development of public health programs and workforce. Dr. Mongkol emphasized the need for encompassing such issues as behavioral and environmental changes, with an example of the recent legislation banning the advertising of alcohol. Dr. Mongkol concluded by reiterating a commitment to enhancing cooperation among SEAR countries and creating partnership in health.

3. Country reports

3.1 Bangladesh

Bangladesh produces three main categories of public health workforce, namely, public health professionals, public health auxiliary staff, and public health ancillary staff. Currently, a public health workforce of about 135,000 is working in different fields of public health all over the country. There are significant numbers of NGO public health workforce working in the areas of HIV/AIDS, TB, mental health, and substance abuse. The National Institute of Preventive and Social Medicine (NIPSOM), private universities (e.g., BRAC, Asian), and nursing colleges are important national training public health institutes that produce post-graduate as well as graduate public health professionals.

Facilitating factors for public health development in Bangladesh are, for examples, existence of country-wide expanded infrastructure and network for public health and existence of a good number of public health training institutes. There are however, some constraints in terms of budget allocation for public health and lack of motivation in public health work.

3.2 Bhutan

Health systems in Bhutan set a good example by using the primary health care approach. All services are delivered in an integrated manner, including Traditional Medicine services. The Royal Institute of Health Sciences (RIHS) is the only main national public health training institute. The country has not yet established the National Coordinating Committee in Public Health, but there are several multi-sectoral bodies working for several specific health programmes.

Facilitating factors for public health development are the strong political commitment, generous donors, and supporting collaborating partners. The country has, however, some constraints, such as a difficult geographical terrain and scattered population, lack of skilled workforce, and weak institutional linkages.

3.3 India

India has a long history of public health development. However, only in 2002, the National Health Policy was developed. It reiterated the urgency of strengthening the capacity of public health education. A National Macroeconomic Commission on Health was also established in 2005 to address unmet needs in the government sector, and public health practices and expertise in private and voluntary sectors. The current government has launched the National Rural Health Mission (2005 – 2012) with a focus to increase public expenditure on health, optimizing health workforce, and architectural correction in the basic health care delivery system.

In order to strengthen national public health development, the Public Health Foundation Institute (PHFI) was recently established. This institute assists existing institutes to enhance their capacity and output, promote research in priority areas of public health, and empower programmes.

Several capacity-building activities in public health have been initiated. These include the establishment of an Inter-institutional Working Group on Public Health Institutions (IIWG), studies on the structure of public health functionaries, and evolving public health courses at Masters and Bachelors level with multi-disciplinary focus. The Public Private Partnerships (PPP) in Public Health was also initiated with aims to increase health care access, reduce costs, and improve effectiveness of health programmes.

3.4 Indonesia

Indonesia is in a transition period of the Decentralization Health Policy implementation. There are four pillars of national initiatives under the New Platform for Health System Reform that includes: a) social mobilization and community empowerment, b)

improvement of health system performance, c) improvement of monitoring and health information system, and d) improvement of health sector financing.

There are several country initiatives to improve public health development, for example, improvement of HRH equitable distribution, and refresher training for health personnel to respond to the need for the development of the village preparedness program. There are still, however, problems in implementation, particularly of HRH policy. There is an apparent mal-distribution and lack of skilled health personnel to deliver essential public health functions.

3.5 Maldives

Lack of skilled health professionals is a major issue for a sustainable health development in Maldives. The government has therefore given top priority to the development of human resource for health. The Faculty of Health Sciences (FHS) is the only faculty in the country where health professionals are trained, and is not sufficient to meet the needs. Alternative sources of finance are being explored to provide training outside of the country. Total expenditure on health in Maldives is about 10% of GDP.

In order to attain the health goals, the Ministry of Health has closely coordinated with other sectors, such as Housing, Water and Sanitation, Ministry of Trade, Education, and NGOs. The government emphasis on preventive and public health aspects, with access to primary health care service at Island level, has contributed to good achievements of health indicators.

3.6 Myanmar

The health system of Myanmar is based on the principles of the primary health care approach; the basic structure of the national health care system lies at the township level. The township health system is the backbone of the primary and secondary health care services. Among the rural health team workforce, midwives are highly demanded by the communities. To fulfill the expanding public health needs of the country, Myanmar is in the process of establishing the University of Public Health, with the support of WHO.

Although there have been improvements in the overall health indicators, there are some variations among different parts of the country, particularly between urban and rural areas. Improvements in coverage and in health workforce skill-mix for rural health services are therefore high government priorities.

3.7 Nepal

The Nepal National Health Policy has been developed since 1991. This policy gives emphasis on the importance of a decentralized approach to health system management. The Second Long-term Health Plan (1997 – 2017) aims at improving inter- and intra-sectoral coordination of all health related sectors. The current Five-year Plan (2002-2007) focuses on making essential health care services available to all people and establishing public-private partnerships in health.

Nepal has already started to develop public health workforce by involving school of public health and community medicine department of medical colleges. The Ministry of Health is coordinating all aspects of public health, with the collaboration of the Institute of Medicine and Medical Colleges.

3.8 Sri Lanka

Sri Lanka has comparatively well established human resources for health care, but not for public health. The country has good health care coverage for its population. As compared with Thailand, Sri Lanka has a much lower GDP, but the country has higher life expectancy and the lowest expenditure as a percentage of budget. The country however, still has problems of low regard for essential public health functions in communities, poor public health legislation, and political interference in public health implementation.

In coping with these problems, the country is going to improve the capacity of supervisory staff to strengthen health promotion and to enhance efficiency in the use of existing infrastructure when implementing public health functions.

3.9 Thailand

Thailand has a relatively good infrastructure for the development of a public health workforce. The Ministry of Public Health, universities, as well as private hospitals have important roles in training medical, health, and public health personnel. Several public health bodies have been established to support the Ministry of Public Health to ensure appropriate health and public health services delivery. Among these are the National Health Security Office, Health Systems Research Institute, Health System Reform Office, and Thai Health Promotion Foundation.

Important activities undertaken for strengthening public health development include improving the public health workforce by increasing the role of local government and rearrangement of budget allocation for public health. A key facilitating factor for public health development is the clear public health policy, with an emphasis on health promotion. Aside from good financial support from the Thai Health Promotion for health promotion activities, there are still overall resource constraints for public health promotion.

4. Technical presentations

4.1 Strengthening public health policy and practice in the globalized world

Presented by: Dr. Suwit Wibulpolprasert, Senior Advisor on Health Economics, Ministry of Public Health, Thailand

Dr. Suwit characterized the “globalized world as one where there is more rapid and freer movement of people, goods, services, information, and germs and diseases. This new situation requires new public health capacities, leadership, and mechanisms to strengthen PH policies, in response to the changing world.

The approaches that Dr. Suwit recommended to address the challenges arising from globalization include knowledge-based policy formulation and management; participatory public policy processes (PPPP) as a national mechanism; capacity building related to health systems, policy analysis, and PH leadership; social movements, marketing and advocacy; and flexible, independent and sustainable financing.

The building and strengthening of the Thai Health Systems is based on the concept of "triangle that moves the mountain." The three angles represent knowledge, politics, and society. The proposed established National Task Force or Commission for Public Health would play a vital role in coordinating these three components.

Public health policy development and implementation should be linked to, or based on, research findings. Establishment of Health Systems Research Institute in Thailand has demonstrated by example how research can contribute to the public health development in Thailand. This includes the establishment of the Thai Health Promotion Foundation, the National Health Systems Reform Office, the National Health Assembly, and the National Health Security Health Office.

Sustainable funding for public health is also vital to public health development. There are several possible sources of funding, for example, general tax revenue, philanthropy, special funds, stupidity tax, individual rights tax, and sin tax (supporting Thai Health Promotion Foundation).

4.2 Planning for the public health workforce

Presented by: Dr. Khwanchai Visithanon, Ministry of Public Health, Thailand

Dr. Kwanchai provided a rationale for the importance of planning for a public health workforce in terms of its labor-intensive nature (40-70% of health expenditure), using resources and technologies to provide care and services. The Human Resources for Health imbalance is a global issue. He provided evidence of the disparities in health workforce as compared with health expenditure and burden of disease.

He recommended that the planning process consider trends in national demography, epidemiology, geography, and medical technology. Further recommendations were to project long, act short, and adjust often, using a service target method for the public sector. The planning methods recommended included: direct observation (time-motion study), self-administration records (logbooks), questionnaires, expert opinion, and benchmarking (using national, regional, and international standards).

4.3 Rapid assessment of essential public health functions (EPHF)

Presented by: Dr. Nalika Gunawardena, Faculty of Medicine, University of Colombo, Sri Lanka

Dr. Gundawardena began her presentation with a definition of "public health" as "collective action for sustained population-wide improvement in health," and asserted that, in SEAR countries, public health systems were not functioning optimally, that curative services consumes resources, and that there is a lack of strong national policies on health.

She further stated that the assessment of the Essential Public health Functions (See Annex 3) would bring about an understanding of state responsibilities in public health, the community's role, and the competencies of the public health workforce.

A study was then described, involving three SEAR-member countries (Bangladesh, Thailand, and Sri Lanka) to examine the EPHFs in a national in terms of the relevance to national context. She defined the EPHFs as "a set of actions or interventions that should be carried out specifically to achieve the central objectives of public health"; each function having several tasks, which involve several practices that will produce outputs in the form of programs or services.

The research, based on a EPHF framework borrowed from WHO-WPRO, would be studied to determine, in the respective country context, the fit of the recommended functions, whether any new functions should be added; and the coverage and limitations inhibiting the achievement of coverage. Recommendations were then made with respect to the means for overcoming these constraints.

The research involved both qualitative and quantitative data collection from the existing situations using key-informant interviews, workforce surveys, a community-based study, and a facility assessment. The findings, which were considered as tentative due to the rapid assessment.

4.4 SEAPHEIN progress report

Presented by: Assoc. Prof. Dr. Chalermchai Chaikittiporn, Vice-President, Mahidol University

The South-East Asian Public Health Education Institutes Network (SEAPHEIN) was established at the Faculty of Public Health, Mahidol University, in 2004, with thirty-five founding members. It also incorporated the Thai network (THAIPHEIN), with 19 member institutions. The accomplishments of the Network have been twenty-one Memorandums of Understanding among member institutions, collaborative research in such areas as avian influenza, injury and accident prevention, sanitation and environment, as well as the study on EPHFs, cited in this report.

The Network promotes the use of core competencies as guidelines, educational standards, and institutional accreditation among its members. The SEAPHEIN future plans include the upgrade of a regional journal on public health, and an inaugural conference to be held in 2008.

4.5 Monitoring Progress of National Public Health Development

Presented by: Professor Hasbullah Thabrany, School of Public Health, University of Indonesia

Prof. Hasbullah first introduced the need for the Public Health Initiative (PHI) with a rationale that stated improvements in public health have not achieved satisfactory results, principally because of relevant non-health factors have not been accounted for and the

national health systems lack coordination. Moreover, health personnel often lack the capacity to lobby for and organize public health programs, especially lacking in the coordination of primary, secondary, and tertiary prevention programs. He provided data as evidence for these assertions.

Prof Hasbullah then described the varying achievements in public health outcomes among the SEAR countries that was related to the commitment of public health spending; management of PH systems and a commitment to education were also identified as pertinent factors.

He then posed questions about whether there was consistent monitoring of PH programs; what are the key indicators and who should be involved in monitoring PH development. Finally, Prof. Hasbullah recommended the establishment of a national health system that would include the task Force, currently under consideration, with 0.3-0.5% of the ministry budget dedicated to monitoring and evaluation of PH development, within a competitive context to include non-ministry agencies.

5. Group discussions

Participants were divided into two groups to discuss and subsequently present in plenary the following topics (Annex 4: Guidelines for Group Discussion).

- (1) Establishment of National Task Force for Strengthening Public Health
- (2) Problem solving exercise: Strengthening public health policy and practice
- (3) Monitoring progress of the national public health development

6. Conclusion and recommendations

While there have been improvements in selected areas of population health in the SEA region, all countries of the region require considerable strengthening of their public health policies and practices, PH development, conceived as collective action towards health promotion and protection, continues to receive low priority and very little attention. In most countries of the region, it is estimated that the expenditure share of preventive and promotive activities is consistently less than curative activities, grossly inadequate by comparison. Therefore, a recommendation has been made by Health Ministers of the region to work towards locating public health development as a national priority. In that context, the establishment of a National Task Force was recommended.

Generally, the group felt that the term, "task force" indicated a short-term, narrower focus and determined that an alternative term, such as "**commission**" or "**board**" would more appropriately reflect a longer-term and more comprehensive character of the entity. Furthermore, the group recognized that individual countries may or may not have existing institutions that fulfill these functions and may have the potential to be developed. As such, it was determined that the following recommendations should be flexible to allow each respective country to endeavor to identify such an existing institution or to initiate a new entity. In any case, the following recommendations should be applied to strengthen efforts to either establish or develop

6.1 Challenges

Challenges to strengthening public health lie in different domains: conceptual, policy related, technical, and managerial. Areas where concerns and inadequacies were identified included the following:

- (1) The conceptualization of PH is often too narrowly defined within a bio-medical framework,
- (2) Influence of globalization on health,
- (3) High level political commitment,
- (4) Community involvement in PH development,
- (5) Experts from other disciplines/sectors (too medically oriented),
- (6) Infrastructure due to lack of coordination, for example, with Ministries of Finance and Ministries of Planning,
- (7) Involvement of private sector in PH,
- (8) PH human resource capacity development,
- (9) Managerial abilities among public health managers,
- (10) Information collection and utilization, especially at local level,
- (11) Evidence-based planning, decision making; real life research,
- (12) Monitoring and evaluation; accountability mechanisms.

6.2 Responses

In response to these challenges and the synergistic interactions among them, possible responses were **recommended** by the group as follows:

- (1) The promotion of evidence-based advocacy so as to improve awareness among politicians,
- (2) Build up social demand/pressure by empowering the community, and strengthening community participation,
- (3) Promote multi disciplinary partnerships in public health education and practice,
- (4) A multi-sectoral "National Commission on PH,"
- (5) Reorient training/curricula – by having better consultation/coordination between MoH (user) and PH training institution (producer)
- (6) Improve/build incentive scheme for PH professionals/workers
- (7) Improve/build up monitoring/evaluation of practices; disseminate findings
- (8) Feedback of data to make them available for implementation of policy

6.3 Roadmap

These combined responses form the backbone of the recommended PH development strategy. In order to implement the above strategy, to obtain political commitment to put PH as an essential national priority for development, and following the Ministers'

recommendation to establish a national “task force” (hereafter referred to as the “Commission”), the meeting outlined the following roadmap.

Nature of the Commission

The primary goal should be to make PH a national concern: resource-sensitive, and context-specific. The Commission should be adaptable to respective national contexts, with legal considerations. It should be multi-sectoral, that is, including line ministries, public and private sectors, NGOs, civil society, etc. It should serve as a steering or coordinating entity, at the national level, however, with possible sub-national affiliations. The Commission should have a long-term, multi-functional character, especially emphasizing both technical and advocacy functions.

Chair/secretary and appropriate membership

As much as possible, the group considered it essential to place the Commission at the highest level of authority with the broadest scope of influence, for example, in the office of the Prime Minister where there is the capacity for uniting ministries, private and public sectors, and civil society. In line with the importance of placing public health as a national priority, the Prime Minister should appoint, where feasible, the Chairperson and Secretary.

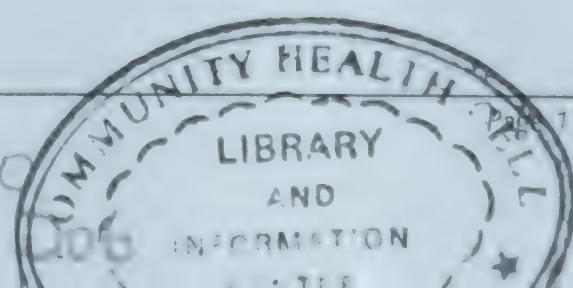
The membership of the Commission should encompass, in line with the wider scope of contemporary public health concerns, a broad range of stakeholders, including individuals (champions), and organizations (universities, professional associations, NGOs), the private sector, research institutes, and the media. The group suggested that the Ministry of Health should lead in the formation of the Commission.

Functions and terms of reference

The group described the functions and terms of reference of the Commission, considering the proposed responses described above, as follows:

- (1) Prioritize and facilitate the implementation of Essential Public Health Functions (See Annex 3),
- (2) Appoint independent entities to set standards, best practices, quality assurance; to monitor and evaluate the PH system,
- (3) Should appoint an independent task force to monitor and evaluate its own work,
- (4) Propose and advocate legislation; policy formulation,
- (5) Can appoint specific technical committees or task forces for specific issues or activities,
- (6) Foster PH professional career development; capacity building of PH workers,
- (7) Highlight educational role; create demand/opportunity for PH graduates,
- (8) Generate resources, promote research, and evidence-based advocacy.

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How to establish

The Commission should be established by executive order, legislation, or appointment, according to the national context. However, the Ministry of health should play a major role, for example, by nominating members of the Commission to the Chairperson. A concerted effort should be made to identify appropriate institutions, groups, and networks where these may be incorporated into the functions of the Commission. However, it is also critical to consider a resource mobilization strategy to sustain the Commission over the longer term.

Accountability

The Commission needs to be accountable, with regular monitoring with progress reports provided to the legislative body that provides its mandate. An initial step should be to establish a working group that, within a six-month period, could produce a “roadmap” for the functions and terms of reference. WHO-SEARO could possibly facilitate this process, with feedback to the Ministerial and Regional meetings, which would be a response to the call for the establishment of a national task force for strengthening public health in SEAR countries.

Framework for monitoring and evaluation

Monitoring and evaluation (M&E) will be conducted to assess progress and outcomes of the PH development in line with the above strategy. Although routine indicators of trends in population health (IMR, life expectancy, etc.) will be used to complement the below M&E framework, it will be necessary to develop a limited number of new indicators and data collection methods.

Indicators for monitoring progress of PH development

Indicators should be developed to link with the Essential Public Health Functions and should provide information useful for decision-making, policy formulation, and management of PH systems. Qualitative methods will be combined with quantitative methods, with emphasis placed on broad participation. The design, conduct, analysis, and interpretation will be undertaken in partnership with all stakeholders. The group suggested that a special mechanism should be considered for the formulation of such specific indicators and methods.

Indicators should include input, process, and outcome aspects of public health systems, and include the identification of specific indicators, the process for data collection, as well as the instruments. For example, an indicator for “improving awareness among politicians” could be: “number of advocacy workshops” with data collection undertaken by survey or monitoring sheet techniques. Another example, for “community participation” an indicator could be the “number of meetings held at the local level,” with data collection undertaken by a survey of records.

Annex 1

Programme

01 November 2006

08.00 – 08.30	Registration
08.30 – 09.00	Inauguration
09.00 – 09.30	Tea/coffee break
09.30 – 10.30	Technical presentations <ul style="list-style-type: none">• Strengthening public health policy and practice: <i>Dr Suwit Wibulpolprasert, Senior Advisor for Health Economics, MoPH, Thailand</i>• Planning for public health workforce: <i>Dr Khwanchai Visithanon, Deputy Director, Bureau of Policy and Strategy, MoPH, Thailand</i>
10.30 – 12.15	Country presentations <ul style="list-style-type: none">• Bangladesh, Sri Lanka, Indonesia, India, Bhutan, DPRK, Maldives
12.15 – 13.30	Lunch
13.30 – 13.45	Technical presentation <ul style="list-style-type: none">• Role of SEAPHEIN in supporting public health development: <i>Dr Chalermchai Chaikittiporn, Vice President, Faculty of Public Health, Mahidol University, Thailand</i>
13.45 – 14.15	Country presentations <ul style="list-style-type: none">• Myanmar, Nepal, Thailand
15.15 – 15.30	Tea/coffee
15.00 – 17.00	Group work (1) <ul style="list-style-type: none">• National Public Health Task Force (Core Group): its composition and functions
18.00	Dinner hosted by Ministry of Public Health, Thailand

2 November 2006

0830 – 09.30	Group presentation and discussion (1)
09.30 – 11.30	Group work (2) <ul style="list-style-type: none">• Problem solving exercise: strengthening public health policy and practice
11.30 – 12.15	Group presentations and discussion (2)

12.15 – 13.15	Lunch
13.15 – 13.45	Technical presentations <ul style="list-style-type: none">• Monitoring progress of national public health development: <i>Prof. Hasbullah Tabrani, Dean Faculty of Public Health, University of Indonesia, Jakarta</i>
13.45 – 16.00	Group work (3) <ul style="list-style-type: none">• Monitoring progress of national public health development
19.00	Depart for Dinner, hosted by WR Thailand

03 November 2006

08.30 – 09.30	Group presentations and discussion (3)
09.30 – 10.30	Finalization of composition and TOR of National Core Group for Public Health
10.30 – 11.00	Tea/coffee break
11.00 – 12.00	Finalization of mechanisms and indicators for monitoring progress of public health development
12.00 – 13.00	Lunch
13.00 – 14.00	Finalization of draft report of the meeting
14.00 – 14.30	Closing

Annex 2

List of participants

Bangladesh

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Annex 3

Essential public health functions and associated tasks

Function 1: Health status monitoring and analysis

- (1) Assess health status for the relevant geographical areas and specific high risk groups.
- (2) Analyze trends in health data: in addition to (1), trends in socio-demographic variables, mortality, morbidity, risks and hazards.
- (3) Analyse barriers in access to services.
- (4) Identify threats to health
- (5) Manage information - development of technology, expertise, and methods for management and analysis of data and the communication of information.

Function 2: Epidemiological surveillance and disease prevention and control

- (1) Conduct disease and outbreak surveillance of both communicable and non-communicable diseases and associated risk factors
- (2) Conduct surveillance of environmental hazards
- (3) Investigate and control disease outbreaks including the associated risks and hazards.
- (4) Undertake case finding, diagnosis and treatment of diseases of notifiable diseases
- (5) Respond rapidly to control outbreaks and emerging health problems or risks.
- (6) Implement mechanisms to improve surveillance systems & disease prevention and control.

Function 3: Policies and planning in public health

- (1) Develop policy and legislation for public health
- (2) Develop plans to promote and protect public health.
- (3) Review and update regulatory frameworks and policy.
- (4) Advocate for public health perspectives in health services planning.
- (5) Develop and track targets.
- (6) Evaluate policy.

Function 4: Strategic management of health services

- (1) Promote and evaluate access by all citizens to the health services they need.
- (2) Promote multisectoral collaboration for interagency working

- (3) Facilitate services to vulnerable groups eg disabled, youth, mental health
- (4) Advise on priorities of publicly funded health services.
- (5) Use evidence to assess the health technology and interventions.
- (6) Manage public health services to address public health problems.
- (7) Prepare for disaster and emergency response by the health system.

Function 5: Regulation and enforcement to protect public health

- (1) Implement laws and regulations in public health.
- (2) Enforce regulations.
- (3) Promote compliance
- (4) Review, develop and update regulations in public health.

Function 6: Human resource development

- (1) Maintain an inventory of the human resource base including the professional skills and distribution.
- (2) Project workforce requirements in terms of quantity and quality.
- (3) Ensure adequate human resource base for public health activities.
- (4) Ensure workers are adequately educated and trained with demonstrable certification and recertification.
- (5) Coordinate between stakeholders in the design and delivery of training programmes.
- (6) Promote continuing professional education.
- (7) Monitor and evaluate teaching programs.

Function 7: Health promotion

- (1) Create supportive environments to promote healthy choices, advocating for health by building coalitions, and working intersectorally in health promotion programs.
- (2) Empower communities and citizens to change lifestyles and play an active role in changing community behavior change.
- (3) Facilitate and convene partnerships among groups to promote health.
- (4) Communicate through social marketing and media communications.
- (5) Provide accessible health information resources at community levels.

Function 8: Quality

- (1) Develop appropriate standards for quality
- (2) Monitor and design improvements in quality

Function 9: Public health and health systems research

- (1) Develop a research agenda.
- (2) Identify funding.
- (3) Ensure appropriate ethical safeguards.
- (4) Encourage participation between public health agencies, workers and organizations in the research agenda and programmes.
- (5) Develop research programmes to solve the identified problem.

Function 10: Disaster and emergency preparedness and response

- (1) Prepare disaster management plan
- (2) Identify priority threats and situations for your country
- (3) Trial responses to priorities in plan
- (4) Plan activities to address (resource and skill) gaps in plan
- (5) Ensure adequate support facilities for response eg quarantine facilities
- (6) Ensure supplies for prevention of the spread of disease e.g. drug prophylaxis supplies
- (7) Ensure effective disease and outbreak surveillance & investigation
- (8) Ensure effective communication infrastructure and pathways

Annex 4

Guidelines for group discussions

Establishment of National Task Force for strengthening public health

The following points may be considered for discussion;

- Appropriate name (not necessary to call a task force)
- Nature of task force, multi-sectoral, coordinating body, technical or steering body
- Identification appropriate members of the task force, Chairman and Secretary
- Functions or Terms of Reference of the Task Force
- How to establish, who should appoint the Task force
- How to make the Task Force working effectively and efficiently

Problem solving exercise: strengthening public health policy and practice

The following points may be considered for discussion;

- Analyze causes of public health weakness, particularly gap between policy and practice
- Outline plans to address this problem
- How to make these plans work

Monitoring progress of national public health development

The following points may be considered for discussion;

- What information should be collect for monitoring the progress of public health development
- Identify appropriate monitoring mechanisms
- Identify tools, indicators for monitoring progress
- How to share this information among member countries.



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